FOR BOARD OF HEALTH DATE RECEIVED:	DATE ISSUED:	PERMIT NO. FSE (RES)	YEAR	2017	
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APPLICATION FOR PERMIT TO OPERATE RESIDENTIAL KITCHEN

CASH	
CHECK	'

NORTHAMPTON BOARD OF HEALTH 212 MAIN STREET NORTHAMPTON, MA 01060 (413) 587-1214

LICENSE FEE: \$100.00

Non-Refundable Fee

	Date:			
Name of Establishment:				
Business Address:				
Mailing Address (If different	t):			
Name of Owner (If different):			
If corporation or partnership Name	, give name, title & <u>Title</u>	home address of	office	cers or partners. <u>Home Address</u>
State of Incorporation		Tame & Address of Local Agent		
Type of Establishment Retail Food Food Service Bar Service Caterer Mobile Food Mobile Retail Residential Bed & Breakfast	Fee	Duration of F Annual Seasonal Temporary	Permit	Amount to be Paid Total Fee(s): \$100.00 Fill in all information on page 2 listing all food items To be prepared and distributed – Only foods that are non-potentially hazardous are allowed. Residential Wholesale operations are not allowed.
ADDITIONAL INFORMAT	TION: Water Sour	ce	Se	Sewage Disposal
Name of	Person in Charge		-	Email Address
Telephon	e #			Signature of Individual or Corporate Officer

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

RESIDENTIAL KITCHEN PRODUCT LIST

TYPE OF FOOD PRODUCT MANUFACTURED	LIST OF INGREDIENTS (In order of predominance by weight)	LOCATION AND NAME OF ESTABLISHMENT(S) WHERE SOLD
PRODUCT 1		
PRODUCT 2		
PRODUCT 3		
PRODUCT 4		
PRODUCT 5		
PRODUCT 6		
PRODUCT 7		
PRODUCT 8		
PRODUCT 9		
PRODUCT 10		

IT IS NOT NECESSARY TO FILL THIS CHART OUT IF YOU

HAVE ALREADY DONE SO AND THERE ARE NO CHANGES IN THE INFORMATION THAT THE BOARD OF HEALTH ALREADY HAS ON FILE.

SIMPLY CHECK THE BOX TO THE RIGHT.

